				PT	O/SB/01 (10-01)
C MBINED		Attorney Docket N	umber	12361-15U9 JEL	
DECLARATION F RUTILITY	R DESIGN	First Named Inven	itor	HARTLEY, Amar	nda April
PATENT APPLICATION (37 FR 1.63)			Complete If known		
AND POWER OF ATTORNEY		Application Numbe	r		
		Filing Date	_		
Declaration OR Declaration		Group Art Unit	_		
Submitted with after Initial I Initial Filling (surcharge (37		Examiner Name	-		
initial Filling (equired)		EXEMINET NUMBER			
As a below named Inventor, I hereby dec My residence, mailing address and citizens I believe that I am the original, first and so inventor (If plural names are listed below)	ship are as sta Ne inventor (if	f only one name is I	isted belo	w) or an odgina for which a pate	al, first and joint ent is sought on
the invention entitled:					
SURGICAL PERFORATION DEVICE WIT	H CURVE				
the specification of which					
☑ Is attached hereto.					
OR  was filed on					
(mn/dd/y	(אנא				
as United States Application Num	ber or PCT Inte	ernational Application N			
and was amended on	(mm/	(dd/yyyy)	(if app	licabie).	
I hereby state that I have reviewed and u claims, as amended by any amendment sp	inderstand the	e contents of the ab	ove-identi	fled specificatio	n, including the
I acknowledge the duty to disclose Informator continuation-in-part applications, mater application and the national or PCT interests.	rial Information	n which became ava	ailable bet	ween the filing	R 1.56, Including date of the prior
I hereby claim foreign priority benefits un patent or inventor's certificate, or 365(a) of other than the United States of America foreign application for patent, inventor's of having a filing date before that of the appli	of any PCT in	ternational application to and have also ide ler's rights certificate	on which c entified be e(s), or an	designated at le low, by checkir	ast one country ng the box, any
Prior Foreign Application Number(s) Cour		Foreign Filling Date (MM/DD/YYYY)	Priorit Not clain		Copy Attached?
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Additional foreign application numbers are					
I hereby claim the benefit under 35 U.S.C.	. 119(e) of an	y United States prov	isional ap	plication(s) liste	d below.
Application Number(s)	Filing Date	(MM/DD/YYYY)			
			priorit	ers are listed on	a supplemental

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## COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.83) AND POWER OF ATTORNEY

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
	1	
☐ Additional U.S. or PCT International application number	ars are listed on a supplemental prior	rity data sheet PTO/SB/02B attached hereto:
As a named inventor, I hereby appoint the and to transact all business in the Patent Tr		
	nber: 020988	
Direct all correspondence to:		020988 PATENT AND TRADENARY OFFICE
020988	•	
PATENT AND TRACEWORK OF	FICE	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of sole or First Inventor:	☐ A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Amanda April	HARTLEY			
Inventor's Signature & A. Haulton	Date 16-Sep-2003			
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Post Office Address B Redcastle St.				
City Brampton Province or State Ontari	o Postal Code Or Zip L7A 1P1 Country Canada			
☑ Additional inventors are being named on the supplement  □ aupplement  □ aupplem	ental Additional Inventor(s) PTO/SB/02A attached hereto.			

Page 2 of 3

FROM : BAYLIS\_MEDICAL

FAX NO. :5144887209

## COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1,63) AND POWER OF ATTORNEY

PTO/\$B/02A (1

## **DECLARATION**

ADDITIONAL INVENTOR(8)
Supplemental Sheat
Page 3 of 3

DECLARATION	Page <u>3</u> of <u>3</u>
Name of Additional Joint Inventor, if any:	.  A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any])	–I Family Name or Surπaπρe
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	Date St. 19.03.
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City Missisterys Province or State Onterio	Postal Code Or Zlp <u>L5M 2C7</u> Country <u>Canada</u>
dame of Additional Joint Inventor, if any:  Given Name (first and middle (fany))	☐ A petition has been filed for this unsigned inventor  Family Name or Surname
3	VISRAM
Naheed	Yours !
nventor's Signature	Date 18 5-p 2-9
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100 KH 0	Date 18-567-200
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Additional inventors are being named on the supple	emantal Additional Inventor(s) PTO/SB/02A attached hereto.
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